

Introduction to the Aging Services Data Report

The Aging Services Data Report provides client service statistics and local assistance expenditure information for programs administered by the California Department of Aging (Department), which is the designated State Unit on Aging for California. These programs are funded with both State and federal funds under the Older Californians Act and the federal Older Americans Act (OAA). Services are either provided directly by the 33 Area Agencies on Aging (AAAs) throughout the State or by their subcontracted providers. This report also includes data for two Medi-Cal funded programs administered by the Department, the Multipurpose Senior Services Program (MSSP) and the Adult Day Health Care (ADHC) Program. This annual report to the Legislature is required by the Welfare and Institutions Code, Section 9012(d).

For programs funded through the Older Americans Act and the Older Californians Act, the actual prior year number of clients served is also used as an estimate for the anticipated numbers of clients that will be served in the current year, since actual client counts are reported only at the close of each year and the numbers do not normally fluctuate greatly from year to year. For other programs, updated information was available to make a current year projection, such as for the Senior Farmers Market Nutrition and for the Medi-Cal programs.

Most of the data for this report is extracted from the individual reports submitted by the AAAs annually for the prior fiscal year. The Administration on Aging (AoA) require State Units on Aging to compile and submit the federal program data to the National Aging Program Information System (NAPIS) on January 31 each year. The AoA also require State Units on Aging to collect “unduplicated” client counts for registered services and “estimated unduplicated” counts for non-registered services. Non-registered services are those where it is not practical to collect client specific information (such as for providing information and referral to clients or their representatives over the phone) or where requiring the client to register their specific information may serve as a barrier to accessing the service. Most of the individual services in the “Supportive Services and Senior Centers” program fall into this category. For these services, the provider makes and reports an estimated number of unique clients served. They may do this, for example, by keeping records based upon their own visual observations. The methodology used to make this estimate is left up to the individual AAAs. The Department also requires either unduplicated and “estimated unduplicated” reporting for Older Californians Act program data as well.

Program Descriptions

Congregate Nutrition - provides nutritionally balanced meals, nutrition education, and nutrition risk screening to Californians 60 years and older and their spouses and encourages socialization and better health through disease prevention and health promotion programs.

Home Delivered Nutrition - provides nutritious meals, nutrition education, and nutrition risk screening to individuals 60 years of age or over who are homebound because of illness or disability or who are otherwise isolated. Program goals are targeted to the reduction of social isolation and the promotion of better health through nutrition.

Senior Farmers Market Nutrition Program - provides coupons to low-income seniors that can be used to purchase fresh fruits, vegetables, and herbs at certified farmers markets during May through November. Small family farmers that sell produce at certified farmers markets receive all cash from the program.

Senior Community Services Employment (SCSEP) - fosters and promotes useful part-time training opportunities and to assist program participants in obtaining unsubsidized employment. SCSEP participants receive practical hands-on experience in subsidized part-time community service training positions in public or private non-profit "host agencies."

SCSEP participants must be residents of California, at least 55 years of age or older, have poor employment prospects, and an income that does not exceed 125 percent of the federal poverty level (\$925 per month/\$11,075 annual).

Supportive Services and Senior Centers – encompasses a variety of programs to address functional limitations, maintain health and independence, protect elder rights, promote socialization, and assure access to the senior service system may be provided with Title III B funds.

- Information and Assistance Program (I&A) is the first stop for accessing services in each Planning and Service Area (PSA). The I&A staff can assess callers' needs and link them with local services or provide referrals to I&A programs in other communities.
- Personal Care, Homemaker, and Chore programs provide assistance for individuals who otherwise could not remain in their homes.
- Adult Day Care offers social and recreational activity in a supervised, protective, congregate setting during some portion of a 24-hour day.
- Case Management provides for an individual to conduct a comprehensive assessment of a frail senior's needs and arranges for services in the home.
- Assisted Transportation is door-to-door transport, which may include escort service, for those who cannot use the public transportation system.
- Transportation may include vouchers for reduced rates on public transit, van transport to congregate meals and medical appointments, or other means of travel.

- Legal Assistance includes legal advice, counseling, and representation by an attorney or legal staff.
- Outreach initiates contacts with potential clients or the caregivers to encourage their use of existing services.
- Housing, Security/Crime, Consumer Services, Friendly Visitor, Mental Health, Disease Prevention/Health Promotion, Elder Abuse Prevention, and Respite are a few of the other programs that can be provided with Title III B funds.

Disease Prevention – includes a wide variety of services and activities intended to slow the aging process and prevent disease or injury. Services may include but are not limited to:

- Educational Activities, such as: educational programs for osteoporosis prevention, blood pressure and diabetes control, smoking prevention and drug cessation; publishing fact sheets on health promotion topics; evaluation of medications; health fairs; nutritional assessments; and medication management assessments.
- Equipment Purchases, such as pedometers, automatic Rx dispensers, alert pendants, grab bars, disaster emergency preparedness toolkits.
- Physical Exercise Programs, such as strength training classes and exercise assistance for homebound individuals.
- Collaborative Activities, such as working with local community partners to help develop more accessible walking opportunities or to improve access to vision services.

Ombudsman/Elder Abuse Prevention - oversight responsibility for 35 local ombudsman programs throughout the State. More than 150 paid staff and over 1,100 volunteers advocate on behalf of over 183,000 residents of long-term care facilities, including 1,471 skilled nursing and intermediate care facilities, and 6,187 residential care facilities for the elderly.

The Elder Abuse Prevention program's goal is to improve the protection of older persons who are in danger of abuse, neglect or exploitation by providing public education, outreach, interagency coordination and abuse investigation.

Family Caregiver Support Program – provides supportive services to caregivers of older adults and to senior grandparents caring for grandchildren.

Multipurpose Senior Services Program (MSSP) - provides both social and health care case management for frail elderly clients who wish to remain in their own homes and communities. The goal of the program is to use available community services to prevent or delay institutionalization of these frail clients. The services must be provided at a cost lower than that of a skilled nursing facility.

Adult Day Health Care Program (ADHC) - a community-based day care program that provides a variety of health, therapeutic, and social services in order to optimize the health and self-care of frail, elderly, and disabled adults 18 years and over, and to prevent inappropriate or premature institutionalization in long-term care facilities. ADHC centers are licensed by the Department of Health Services.

The Department's ADHC staff administers the statewide program through an Interagency Agreement with the Department of Health Services. Included in this administration are developing and implementing program policies and procedures, implementing legislation, certifying centers for Medi-Cal reimbursement, promoting the development of ADHC services, and assuring that high quality services are provided.

Health Insurance Counseling & Advocacy Program (HICAP) - a consumer-oriented health insurance counseling and education program. The program provides three primary services: (1) community education to Medicare beneficiaries regarding Medicare, Medicare supplement insurance, and long-term care insurance; (2) individual health insurance counseling and advocacy services regarding Medicare claims and appeals, and other health insurance claims, and (3) legal referral and in some geographic areas, legal assistance.

Alzheimer's Day Care Resource Center Program - provides services to patients with Alzheimer's disease and related dementias and to their family caregivers. The staff at the centers work together with families to determine how best to serve the clients' nursing and psychosocial needs. The centers also:

- Provide respite for families who care for these persons at home.
- Provide training opportunities for professionals and other persons caring for this population.
- Disseminate information to the public regarding Alzheimer's disease and related disorders.
- Serve as a resource to family support groups.
- Act as a source of information regarding services available to this population.

Persons in moderate to severe stages of Alzheimer's disease whose care needs and behavioral problems make it difficult for them to participate in other care programs and family caregivers are eligible to participate in the program.

Brown Bag Program - provides surplus and donated edible fruits, vegetables and other food products to low income individuals 60 years of age and older. Food products are distributed at various locations throughout the State. The types of food distributed vary depending on the season, weather, and other factors. Volunteers, the majority of whom are older individuals, help provide the time and energy needed to clean, sort, and distribute these food items. There is no fee charged to participants, although voluntary contributions can be made.

Linkages – provides case management services to frail elderly and younger adults with disabilities who are at risk of being placed in an institutional setting. Linkages case managers link their clients to services that assist them in maintaining independence in their own communities. There are 36 Linkages sites throughout California with at least one being in each of the 33 PSAs. Services available through the Linkages Program fill the gaps for individuals who are not eligible for other case management services, such as those offered through the Departments of Developmental Services, Mental Health, and Rehabilitation. Linkages staff are expected to use the individual's family, other informal support networks, and existing community services to their fullest capacity. If other resources are unavailable, the Linkages Program has available limited funds to purchase some one-time assistance.

Senior Companion Program - provides supportive services to adults with physical, emotional or mental health limitations, the majority of whom are elderly, in an effort to achieve and maintain their highest level of independent living. The Program has a dual purpose—to engage persons 60 and older, particularly those with limited incomes, in volunteer service to meet critical community needs; and to provide a high-quality experience that will enrich the lives of the volunteers and those they serve.

Respite Purchase of Services - provides relief and support to caregivers in order to delay premature or inappropriate institutionalization of not only the frail elderly or adults with disabilities, but the caregiver as well. The Respite Purchase of Services (RPOS) program is administered through the local Linkages Program, but is not limited to Linkages clients. The RPOS provides limited funding (\$450 annually per person) for purchasing short term in-home care; day care such as Alzheimer's Day Care Resource Center, Adult Social Day Care, and Adult Day Health Care; and 24-hour care at a licensed skilled, intermediate, or residential care facility.

Explanatory Notes about Individual Program Measures

Senior Farmers Market Nutrition Program - "Clients Served" is the number of coupon booklets distributed. Prior year expenditures for this program reflect the dollar value of the coupons actually redeemed. Current year and budget year expenditures are the dollar value the coupon booklets distributed.

Disease Prevention - The Department does not currently collect client data for the federal Disease Prevention program. This program includes a wide variety of different possible services and activities and the combinations of these services vary widely from AAA to AAA. Therefore, collecting “client counts” would not be descriptive of the types of activities that are funded. The number of clients served, for example, would not have a consistent relationship to the dollars spent from year to year or from AAA to AAA and may not adequately reflect the extent of local services. The Department will be reviewing options for capturing data that most accurately reflects disease prevention services. Examples of some of the funded activities are listed above in the Program Description.

Multipurpose Senior Services Program (MSSP) - prior year clients served are the client slots filled; the current year client count are estimated based on the number of slots available.

Brown Bag Program – There is no unduplicated client count reported in this program. The number of pounds distributed are provided as a consistent measure of service provided to the community.

Explanatory Notes about Reported Expenditures

For programs funded through the OAA fluctuations in the reported expenditures between years may not necessarily reflect an increase or decrease in funding allocations, but may be accounted for by the fact that the unexpended federal funds from OAA programs may be carried forward to a subsequent State fiscal year within the same federal fiscal year. The OAA also allows AAAs to transfer funds between Congregate Nutrition, Home-Delivered Nutrition and Supportive Services. The figures in the report include State and federal expenditures only and do not include any local funds that have been expended in the programs.

Prior Year Expenditures are taken from the un-audited closeout statements received from the AAAs and include requested transfers between categories and expenditures from federal funds carried over from the previous year.

Current Year Expenditures reported are estimated based upon the latest State and federal allocations, including requested transfers and carry over funds. Actual expenditure data for the current year is not available until year end closeouts are received.

Budget Year Expenditures are the baseline allocations reflected in the proposed Governor’s Budget for that year for the Department. For OAA funded programs, these amounts do not include transfers or federal carry-over funds because this information is not available at the time the Governor’s Budget is prepared.